Business Center North (BCN) Purchasing

COMPETITIVE EXCEPTION REQUEST

This form must be completed by the requesting department to request a waiver of the NSHE and/or Federal requirements for competition in purchasing. The threshold for competition is any purchase where the amount aggregately over a 12-month period, is \$25,000.00 or more.

See BCN Purchasing Guidelines, "Competitive Exceptions," page 17 for details.

Campus & Department:					
Department Contact/Requestor:					
Phone Number and E-mail:					
Description of Product/Service:					
Total Cost of the purchase over an aggregate 12-month period:		\$			
	Supplier Name:				
NOTE: Attach Supplier's Quotation and Detailed Specifications/Scope of Work.					
Define why there is only one source by checking all that apply below and completing the corresponding section(s).					
	Non-Competitive: This pu exceptions listed in the BO	rchase is one of the pre-approved competitive CN Purchasing Guidelines.	Complete section A		
	· ·	earch or Compatibility: Particular materials, supplies, equipment, or services necessary for research purposes or for compatibility with existing products.			
	Grant Requirement: The contractor is a condition equipment, supply, service	Complete section C			
	Used Equipment: Used ed bankruptcy, or similar sale	Complete section D			
	Emergency Purchases: The safety or the welfare of property, or the continual	Complete section E			
	Sole Source – Only One S	upplier	Complete section F		

<u>Section A Non-Competitive</u> – The product or service is one that BCN Purchasing has approved as being exempt from competitive solicitation. (See <u>BCN Purchasing Guidelines</u> , "Non-Competitive," Page 18)
Details for the non-competitive product or service:
Section B Research or Compatibility
Details of the previously purchased product(s) that must be matched (Include PO number, etc.):
<u>Section C Grant Requirement</u> – If the product/supplier is specifically named in the grant, provide a copy of the section of the grant naming the requested product/supplier.
Details of the grant that specifies a certain supplier:
Section D Used Equipment
Details of the sale or auction:
Section E Emergency
Details of the emergency and who was notified and when:
<u>Section F Sole Source</u> – Why is the manufacturer or supplier uniquely qualified to provide the required item or service? Why must this item or service be purchased only from the proposed supplier? Why is a competitor's product not satisfactory? Explain the need for unique specifications and why the unique specifications are critical to the intended use. Identify the unique features, characteristics, or specifications that serves as justification for sole source. Note: Checking with other possible suppliers oneself is not justification; nor is lack of awareness of other suppliers. Patents alone are not sufficient justification for waiving the bid process.
Answers to above questions and other needed details:

Note: If you need extra space to complete any item within this form, please attach a separate sheet of paper.

The waiving of formal bidding requirements does not mitigate the need to ensure purchases are competitively priced and the terms and conditions of the purchase are in the best interests of NSHE.

Complete this Competitive Exception Form and submit it with a requisition for review and approval.

CERTIFICATION

The undersigned states that the undersigned has prepared the above documentation and that the facts and data set forth are complete and accurate to the best of the undersigned's knowledge and belief.

Conflict of Interest: The Requestor certifies that to the Requestor's knowledge, no elected or appointed official or employees of the NSHE has benefited or will benefit financially or materially from this award. The awarded contract may be terminated by the NSHE if it is determined that gratuities of any kind from the Supplier, its agents, or its employees were either offered to or received by any of the aforementioned individuals.

Supplier Deposits: In the event a deposit or pre-payment apply to this purchase, I understand the risk involved and accept that pre-paid funds may not be able to be recovered.

REQUESTOR NAME AND TITLE (Please print or type)							
DEPARTMENT	PHONE	EMAIL					
REQUESTOR'S SIGNATURE	D/	ATE					
DEAN/DIRECTOR'S NAME & SIGNATURE	D	ATE					

Attach completed and signed exception form along with other documentation to Workday requisition.

NOTE: Exceptions require all necessary signatures above before Purchasing will review or process. Purchasing will be unable to process this form and its accompanying requisition if the form is not complete with all necessary information and attachments.